

**DAILY JAIL RATE (DJR)**  
**FISCAL YEAR 2008/09**

**COUNTY/CITY NAME:** \_\_\_\_\_

**CHECKLIST FOR PREPARATION OF THE DJR COMPUTATION FORM**

Please check to see that the items listed below are enclosed with your Daily Jail Rate (DJR) Computation forms for each facility. A completed DJR checklist must be submitted with your DJR:

\_\_\_\_1. Preparer's Name of DJR Computation Form for FY 2008/09:

\_\_\_\_\_

\_\_\_\_2. Contact Person for questions regarding completed DJR Computation Form:

\_\_\_\_\_

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Email Address)

**ATTACHMENTS:**

- \_\_\_\_3. A copy of the expenditure detail report for FY 2006/07 for Salaries and Benefits, Services and Supplies (including unallowable costs such as non-routine medical and communication services outside the jail), Medical Costs, Equipment Purchases, other Direct Costs, Prior Year Expenditures, Administration/Overhead, Indirect Costs, and any other applicable expenditures.
- \_\_\_\_4. A copy of the county or city's capitalization policy.
- \_\_\_\_5. A copy of the budget report or revenue report or general ledger that lists all sources of revenue received by the Police or Sheriff's Department during FY 2006/07.
- \_\_\_\_6. A listing of positions by classification, which are represented by the Salary and Benefit reports for each jail facility.
- \_\_\_\_7. Documentation to substantiate the Sheriff's salary and benefits.
- \_\_\_\_8. A worksheet showing the allocation of Salaries and Benefits, Services and Supplies, Medical Costs, Equipment Purchases and any other expenditures, (direct costs only) that were allocated to each of the jail facilities.
- \_\_\_\_9. The expenditure report and a worksheet that documents the separation of Medical Costs into routine and non-routine based upon the criteria described in the Daily Jail Rate Manual. Please include a description of the methodology used for the allocation of costs.

- \_\_\_\_10. A description of what is included in the Indirect Costs (Line 21), and how this was allocated to the appropriate cost center/jail facility. Please include a copy of the worksheet showing the allocation of costs and a description of the basis for the allocation.
- \_\_\_\_11. A copy of the cover page and the appropriate pages of the Countywide Cost Allocation Plan (COWCAP) as formally approved by the State Controller's Office as estimated costs or the Citywide Indirect Cost Rate Proposal (ICRP) as approved by the appropriate Federal Cognizant Agency for use in FY 2006/07.
- \_\_\_\_12. A copy of the approved budget allotment report for FY 2006/07.
- \_\_\_\_13. A worksheet that substantiates how the two-year percentage cost increase was determined.
- \_\_\_\_14. A summary of the actual jail population for FY 2006/07 per facility by month.
- \_\_\_\_15. A worksheet that substantiates how the two-year population increase/decrease was determined, or a copy of the supporting city or county document indicating the expected jail population for FY 2008/09, such as a court order reducing the jail population, etc.
- \_\_\_\_16. If lease costs are included in Services and Supplies or another Category/Object, please provide a copy of the lease and documentation of the lessor's identity and financial interest as separate from the city or county government.
- \_\_\_\_17. Documentation to substantiate the booking costs. Please provide one of the following:
- \* A copy of the expenditure report for the booking unit.
  - \* Documentation showing the salaries and the classification/positions of the people involved in the booking process and some basis for the allocation of their time spent booking versus other duties, if any.

*Provide current name, title, phone number and address of the Sheriff/Police Chief and Auditor-Controller:*

**Sheriff/Police Chief:**

**Auditor-Controller:**